

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5	14					
6	15					
7	16					
8	17					
9	18					
10	19					
11	20					
12	21					
13	22					
14	23					
15	24					
16	25					
17	26					
18	27					
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25	34					
26	35					
27	36					
28	37					
29	38					
30	39					
31	40					
32	41					
33	42					
34	43					
35	44					
36	45					
37	46					
38	47					
39	48					
40	49					
41	50					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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58						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS